

New

**YUBA COUNTY  
IN-HOME SUPPORTIVE SERVICES (IHSS) ANTI-FRAUD PLANNING PROPOSAL**

**COVER PAGE**

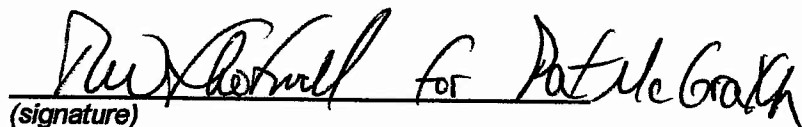
Yuba County is requesting participation in the Enhanced Anti-Fraud Program and will submit a Plan and Data as described herein, no later than December 1, 2009.

Approved on November 17, 2009, by the Yuba County Board of Supervisors:

John Nicoletti, Chair

  
(signature)

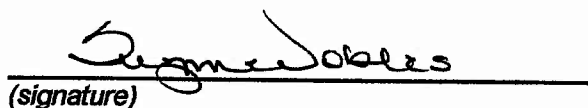
**Pat McGrath, District Attorney**

  
(signature)

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**Suzanne Nobles, Director, Health and Human Services Department**

  
(signature)

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**YUBA COUNTY**  
**PLAN FOR FRAUD INVESTIGATIONS AND PROGRAM INTEGRITY**  
**RELATED TO THE IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM**

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Yuba County, through the Health and Human Services Department (HHSD), elects to participate in the IHSS Fraud Investigation and Program Integrity program and does submit this final plan to the California Department of Social Services (CDSS). The final plan has been approved by the Board of Supervisors and was developed in conjunction and agreement with the Yuba County District Attorney.

This plan describes the manner in which the available funding will be utilized in response to any suspected IHSS fraud, and how the elements of any resulting investigation will be coordinated between Yuba County's IHSS unit and Special Investigations Unit (SIU), the state Department of Health Care Services (DHCS) Fraud Investigation Unit, and the Yuba County District Attorney. The three-point collaboration between the Yuba County IHSS, DHCS and Yuba County District Attorney provides a model to combat IHSS fraud and ensures the County's IHSS program integrity, as well as to demonstrate our commitment to utilize these funds productively in the remainder of this fiscal year.

**1. IHSS Overpayments/Underpayments**

The Yuba County Quality Assurance (QA) Social Worker III will identify overpayments and underpayments discovered during the QA desk reviews and QA home visits, as well as any overpayments and underpayments identified by other IHSS staff. The County plans to track all categories of overpayments and underpayments on Enclosure D (attached). These findings will be compiled into an Annual Outcomes Report due August 1 each year and sent to CDSS.

**2. Fraud Referrals/Outcomes**

All suspected fraud in IHSS is to be recorded on Yuba County's IHSS Referral of Suspected Fraud form (Attachment A), forwarded to the QA Supervisor for review, and will include the following information, as it relates to the suspected fraud:

- A. A narrative including, but not limited to, the following:
  - 1) Name and contact information of reporting party;
  - 2) Name and contact information of the suspected abuser;
  - 3) When did the fraud occur and over what period of time;
  - 4) Facts describing the nature of the suspected fraud.
- B. Supporting documents:
  - 1) Copy of time cards;
  - 2) Copy of signed Fraud Form, YCHHSD 103 for IHSS recipient or YCHHSD 188 for IHSS provider;
  - 3) Copy of provider's photo ID, SSN card, and enrollment form if provider is the suspect;
  - 4) A list of every person in the recipient's household and if anyone has a criminal history, if known.

- C. The QA Supervisor will review the information and determine if the situation needs to be investigated further, and will refer to:
- 1) Department of Health Care Services (DHCS) – the Fraud Investigator is contacted and the Fraud Referral and all supporting documents are forwarded to DHCS for investigation.
  - 2) Adult Protective Services (APS) – Submit an elder or dependent adult abuse referral if the IHSS recipient's safety or well-being is threatened.
- D. Some reported situations may require further investigation at the County level prior to making a referral to the DHCS Fraud Investigator. This level of investigation will be completed by a Social Worker III (Fraud Social Worker) and assisted by the QA Social Worker and/or the QA Supervisor. The QA Supervisor will maintain records and track all Fraud Referrals.
- The QA Social Worker will continue to do targeted reviews on the following CMIPS Reports and will make Fraud referrals as indicated by reviewing the:
- 1) 300 + hour Report;
  - 2) No Time Sheet Activity Report.
- E. Fraud Outcomes: Enclosure D information is attached

**3. Collaboration and Partnerships with District Attorney's Office**

The new funding provided for fraud investigations and program integrity efforts related to the IHSS program will strengthen our continuing collaboration and partnership with the Yuba County District Attorney. More formal and complete fraud referral information will be provided to the Fraud Investigator for DHCS which will result in investigations being more thorough and able to provide the evidence to the District Attorney needed for prosecution. There will be closer collaboration between county IHSS staff, DHCS, and the District Attorney.

The Fraud Social Worker will conduct several community outreach activities each year, to inform IHSS recipients and providers of the correct parameters for receiving and providing In-Home Supportive Services. In this manner, public awareness of IHSS fraud will be enhanced.

Yuba County will publicize the means to report IHSS fraud through the use of a 24-hour anti-fraud phone hot line – 866-999-9113.

**4. Collaboration and Partnership with the California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS)**

The new funding provided for fraud investigations and program integrity efforts related to the IHSS program will improve collaboration and partnership with the DHCS and CDSS. There will be increased interaction and investigative support from DHCS. There will be additional training available to IHSS staff as provided by DHCS.

As the result of the improved referral process, comprehensive information will be provided to the DHCS Fraud Investigator. The investigations will be more thorough and will provide more complete evidence to the District Attorney needed for prosecution. There will be closer collaboration between county IHSS staff, DHCS, and the District Attorney.

The Fraud Social Worker will conduct several community outreach activities each year, to inform IHSS recipients and providers of the correct parameters for receiving and providing In-Home Supportive Services. In this manner, public awareness of IHSS fraud will be enhanced.

Yuba County will publicize the means to report IHSS fraud through the use of a 24-hour anti-fraud phone hot line – 866-999-9113.

Yuba County will collaborate with CDSS in a manner consistent with present practice. There presently exists a very positive relationship with the CDSS QA staff and this will continue. Yuba County will comply with any requests for case or program data in a timely manner.

**5. Mechanism for Tracking/Reporting**

Yuba County will track and report outcomes of its fraud investigation and prevention efforts to CDSS. Yuba County will submit final data for Fiscal Year 2009-2010 by August 1, 2010, in a format to be provided by CDSS.

Yuba County acknowledges the responsibility to submit a plan on June 1, 2010, in order to be considered for continued funding for this program. The plan will include any updates to the previous year's plan, as well as an agreement to continue tracking, reporting and submitting final data for the previous year to CDSS by August 1, 2010.

**6. County's Current and Proposed Anti-Fraud Activities**

Yuba County's current anti-fraud activities include:

- A. QA Social Worker desk reviews and QA home visits
- B. QA Social Worker reviews of the CMIPS 300 + Hour Report and the No Time Sheet Activity Report
- C. Form YCHHSD 103, Yuba County IHSS Recipient Responsibilities and Facts You Should Know About Fraud (Attachment B), is explained to all IHSS recipients and the recipient's signature is obtained.
- D. Form YCHHSD 188, Yuba County IHSS Provider Responsibilities and Facts You Should Know About Fraud (Attachment C), is explained to all IHSS providers and the provider's signature is obtained.
- E. Fraud referrals are made to the Fraud Investigator at DHCS.

Proposed future fraud detection and prevention will include items A-D listed above, and in addition will include:

- A. Utilization of a new Fraud Referral Form and a more formalized Fraud Referral process to DHCS. This will result in more thorough and complete Fraud investigations by DHCS which should lead to more prosecutions by the District Attorney.
- B. Enhanced collaboration with DHCS, the District Attorney, as well as other law enforcement agencies.
- C. Detailed tracking of all overpayments and underpayments and fraud investigations.
- D. A Fraud Social Worker (Social Worker III) will attend all Provider Orientations and discuss fraud and the consequences of committing fraud.
- E. A Fraud Social Worker (Social Worker III) will investigate certain suspicious activity cases before making a Fraud Referral to DHCS. Examples of suspicious activity cases may include:
  - 1) IHSS provider appears on the 300 + Hour Report and lives separately from the IHSS recipients.

- 2) Complaint from the public alleging misuse or fraud of the IHSS program and the source of the complaint is considered credible by IHSS staff.
- 3) Paid IHSS tasks do not appear to be performed, despite claims of recipient and/or provider.
- 4) Client/recipient appears to be exaggerating disability or need for services.
- 5) Time sheet anomalies, such as:
  - a. All hours claimed at the beginning of time period;
  - b. Provider out of the area;
  - c. Staff has information that recipient is not in his/her home when services are claimed.
- F. The Fraud Social Worker will conduct several community outreach activities each year, to inform IHSS recipients and providers of the correct parameters for receiving and providing In-Home Supportive Services. In this manner, public awareness of IHSS fraud will be enhanced.
- G. Yuba County will publicize the means to report IHSS fraud through the use of a 24-hour anti-fraud phone hot line – 866-999-9113.
- H. Develop and distribute in the community a brochure with information on the identification and prevention of IHSS fraud.

**7. County Proposed Budget for Utilization of Funds**

<b>Job Classification</b>	<b>FTE</b>	<b>Annual Salary</b>	<b>Benefits</b>	<b>Salary + Benefits</b>
<b>Social Worker Supervisor</b>	<b>.05</b>	<b>\$ 3,543</b>	<b>\$ 679</b>	<b>\$ 4,222</b>
	Review and track fraud referrals; maintain statistics on overpayments, investigations and other fraud activities; complete required CDSS reports and plans; back up Fraud Social Worker.			
<b>Social Worker III Bi-Lingual</b>	<b>.4</b>	<b>\$23,386</b>	<b>\$9,943</b>	<b>\$33,329</b>
	Attend all Provider Orientations; discuss fraud and consequences of committing fraud; community outreach activities; investigate suspicious activity cases; make referral to fraud unit of DHCS.			
<b>Accounting Assistant II</b>	<b>.15</b>	<b>\$5,302</b>	<b>\$2,888</b>	<b>\$8,190</b>
	Provide clerical support to compute overpayments and collection activities; maintain statistics on fraud activities.			
<b>Adult Services Program Manager</b>	<b>.05</b>	<b>\$5,387</b>	<b>\$1,175</b>	<b>\$6,562</b>
	Oversee tracking and statistics on fraud referrals, overpayments, investigations, and fraud activities; meet with IHSS fraud staff, DHCS Fraud Investigator and District Attorney as necessary; arrange for training on fraud for IHSS staff as available; meet with SW Supervisor and review required reports and fraud prevention plans for accuracy before sending to CDSS.			
<b>Fiscal Analyst</b>	<b>.03</b>	<b>\$2,000</b>	<b>\$730</b>	<b>\$2,730</b>
	Monitors information and data regarding budgetary, financial, and/or fiscal issues; assists in needs analysis and trend analysis based on research; consults with IHSS fraud staff and assists in development of annual budget estimates.			
<b>Advertising</b>	bus stop advertising, ad in paper			<b>\$7,500</b>
<b>Hotline (50%)</b>	Anti-fraud phone hot line (866-999-9113) 24-hour number and contracted answering service (\$50 month * 12 mo. )			<b>\$600</b>



Brochures	Development of brochure on IHSS fraud - 2,500 glossy, multi-color, pictures, county seal (tri-fold 8.5 x 11 inch)	<b>\$2,000</b>
Indirect Cost Rate (ICR)	23%	<b>\$12,657</b>
	<b>Total</b>	<b>\$77,790</b>

8. **Description of how the County will Integrate other Program Integrity Efforts within the Plan**

Yuba County will integrate the Fraud Investigations and Program Integrity Plan into ongoing program review and outcomes management within the IHSS Program. This will involve collaborative partners that include, but are not limited to QA, APS, the Public Authority, the District Attorney, and DHCS.

9. **Annual Outcomes Report**

Yuba County will provide CDSS with an annual report by August 1 of each year. This report will identify activities, data, and outcomes associated with the county effort to mitigate, prevent, detect, investigate and prosecute IHSS fraud during the previous fiscal year. It is understood that CDSS will send the format for this report to each participating county in January 2010.

# Enclosure D

## Yuba County

Overpayments identified by QA		04/05	05/06	06/07	7/08	08/09
Total Amount per Fiscal Year:		0	\$224.05	\$140.25	\$178.69	0
Number of Instances:		0	1	1	2	0
Breakdown of Causes	Provider:	0	1	0	2	0
	Recipient:	0	0	0	0	0
	County Error:	0	0	0	0	0
	Unknown:	0	0	0	0	0
	Other:	0	0	0	0	0

Overpayments identified by County		04/06	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:		\$204.13	\$786.32	0	\$954.70	0
Number of Instances:		1	2	0	1	0
Breakdown of Causes	Provider:	1	2	0	1	0
	Recipient:	0	0	0	0	0
	County Error:	0	0	0	0	0
	Unknown:	0	0	0	0	0
	Other:	0	0	0	0	0

Underpayments identified by QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:		0	0	0	0	0
Number of Instances:		0	0	0	0	0
Breakdown of Causes	Provider:					
	Recipient:					
	County Error:					
	Unknown:					
	Other:					

Underpayments identified by County		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:		0	0	0	0	0
Number of Instances:		0	0	0	0	0
Breakdown of Causes	Provider:					
	Recipient:					
	County Error:					
	Unknown:					
	Other:					

Fraud Referrals/Outcomes		04/05	05/06	06/07	07/08	08/09
Number of referrals to DHCS:				2	2	3
Number handled locally by DA:		0	0	0	0	0
Number of convictions:						
Court Ordered Restitution:						
Amount of funds involved in the convictions:						
Amount of funds recovered:				0	\$954.70	0
Amount of funds pending recovery:						
Number handled locally by DA::						
Individuals Responsible	Basis for the Conviction:					
	Recipient:					
	Provider:			2	2	3
	County Staff:					
	Other:					

## Utilization of County DA for Fraud 04/05

05/06

06/07

07/08

08/09

Documented referrals to DA*		0	0	1	0	0
Outcomes	Accepted:					
	Rejected:			1		
	Pending:					
	<b>Completed Investigation</b>					
	No Fraud:					
	Restitution Action:					
	Referred for Prosecution:					
	Criminal Charges Filed:					
	No Charged Filed:					
	Convictions:					
	Acquittals:					
	Dismissals:					
	Pending Investigation:					
	<b>Restitution</b>					
	Court Ordered:					
	Restitution Action:					
	<b>Fines</b>					
	<b>Prosecutions Completed</b>					
	<b>Convictions</b>					
	Misdemeanor					
	Felony					





Attachment A

**Yuba County Health & Human Services Department**  
**In-Home Supportive Services**  
**Referral for Action on Suspected Fraud**

Date:

## Allegation(s):

- |   |  |
|---|--|
| <input type="checkbox"/> Provider not working the hours     | <input type="checkbox"/> Unreported changes in household           |
| <input type="checkbox"/> Recipient or Provider Incarcerated | <input type="checkbox"/> Recipient demanding provider shares Check |
| <input type="checkbox"/> Recipient in hospital/nursing home | <input type="checkbox"/> Overstated needs                          |
| <input type="checkbox"/> Recipient deceased                 | <input type="checkbox"/> Misrepresented income                     |
| <input type="checkbox"/> Other (specify):                   |  |

CMIPS Case Number:

Funding Source:

☐ PCSP☐ IPW/1915(j)☐ Residual

Recipient Information	Name:	SSN:
	Address:	DOB:
	City, Zip:	Gender: M F
	Phone: ( )	

Provider Information	Name:	SSN:
	Address:	DOB:
	City, Zip:	Gender: M F
	Phone: ( )	

**COMPLETE ADDITIONAL REFERRAL FORMS IF RECIPIENT HAS MULTIPLE PROVIDERS INVOLVED IN SUSPECTED FRAUD.**

**GROUND S FOR SUSPECTED FRAUD:**

In the present case there are reasonable grounds to suspect that the recipient/provider attempted to receive or did receive services and/or payment of IHSS benefits fraudulently for the periods of time, for the specified sums and involving the items noted below.

Suspected Fraud Committed By:

☐ Recipient☐ Provider☐ Both

Statement of Reason of Suspected Fraud (include known dates and possible monetary amounts):

Social Worker Signature:

Date:

Phone:

Supervisor Approval:

Date:

Phone:

**YUBA COUNTY IHSS RECIPIENT RESPONSIBILITIES  
AND  
FACTS YOU SHOULD KNOW ABOUT FRAUD**

1. Review your most recent Notice of Action or IHSS Service Delivery Plan (hours and service needs) with your Provider so the Provider is informed as to how many hours he/she is authorized to work. This is required every time you change to a different Provider as well as every time your hours change.
2. Verify that your Provider's timesheet has been completed showing the correct hours worked under the correct days.
3. Verify that your Provider has signed his/her timesheet and sign the timesheet yourself only after it has been filled out and signed by the Provider.
4. If you have a share-of-cost, it needs to be paid directly to your Provider each month following the completion of services.
5. **Report to your IHSS Social Worker within Ten (10) calendar days** when any of the following changes occur:
  - You are admitted into the hospital or other care facility, go on vacation or are otherwise away from home.
  - There is a change in your condition so that you need less care or more care.
  - You start or stop receiving home delivered meals or restaurant meals.
  - Your IHSS Provider stops working for you or you hire a different Provider.
  - You move or anyone moves into or out of your home.
  - You start or stop receiving Supplemental Security Income (SSI).
  - You begin receiving the Supplemental Security (SSI) Non-Medical Out-of-Home Care (Board and Care) benefit. You are not eligible for IHSS if you are receiving this benefit payment.
  - Your income or benefits change. This includes SSI or income from any other source.
  - You receive any lump sum payment or settlement.
  - Your total personal property goes over \$2000.00 if you are single or \$3000.00 if you live with a spouse. Examples of personal property include, but are not limited to: savings, checking accounts, cash surrender value of life insurance, stocks, bonds or securities and cash on hand.
  - You inherit or acquire any real property such as a home, land or buildings.
  - You transfer, give away or sell any item of real or personal property.
6. A person may be guilty of committing fraud when he or she, with intent to defraud, presents for payment to any authorized person or officer of Yuba County any false or fraudulent claim.
7. All persons suspected of committing fraud will be referred to the California Department of Health Care Services Fraud Investigator. If evidence of fraud is found, a criminal case may be referred to the District Attorney for prosecution. A misdemeanor conviction could result in fines and/or up to one year in the County Jail. A felony conviction could result in fines and/or a State Prison sentence.

**RECIPIENT AGREEMENT AND SIGNATURE:**

**I have read or have had read to me the above and understand my reporting responsibilities.  
I will report any changes to my IHSS Social Worker.**

\_\_\_\_\_  
Recipient Name (please print)

\_\_\_\_\_  
Recipient Signature  
(or Authorized Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Explained in full by  
County Representative

\_\_\_\_\_  
Date

**YUBA COUNTY IHSS PROVIDER RESPONSIBILITIES  
AND**

Attachment C

**FACTS YOU SHOULD KNOW ABOUT FRAUD**

- Provide only the services and hours authorized on the Recipient's most recent Notice of Action or IHSS Service Delivery Plan. If claims are submitted for hours worked outside the services listed it could result in criminal prosecution or administrative action.
- If you are providing services for a Recipient receiving Protective Supervision services, you are responsible for assuring that the Recipient has adequate supervision at all times. Even though Protective Supervision hours do not compensate for an entire 24-hour day, the Provider is responsible to make sure the Recipient is never left unsupervised. Should this occur and the Recipient is injured as a result of being left alone, it could result in charges of criminal neglect.
- Never work in a Recipient's home when the Recipient is not present. Do not allow Recipient to give you a key to his/her home.
- Do not allow Recipient to give you his/her bankcard or give you access to his/her bank accounts.
- Report to the IHSS office any time that the Recipient is admitted into the hospital or other care facility. The Recipient is not eligible for IHSS care during the time he/she is out of his/her home.
- Report to the IHSS Social Worker any time the Recipient has a change in his/her health or service needs, goes on vacation, moves, or has anyone move into or out of his/her home.
- Always contact the Recipient if you are going to be late or unable to work.
- Always have the timesheet filled out with the hours worked before having the Recipient sign.
- It is unlawful to submit a timesheet for payment of hours which you have not actually worked.
- The timesheet needs to be signed and dated by you and the recipient after the work period has ended.
- Submit your timesheet promptly at the end of each work period.
- If the Recipient has a share-of-cost, you are responsible to collect this amount directly from the Recipient after the services to cover the share-of-cost have been provided.
- All information regarding a Recipient's name, address, phone number, health conditions and service needs are completely confidential. This information is to be used only to assist you in providing authorized services. Any other use of this information is inappropriate and illegal. Any infringement of recipient confidentiality will be grounds for dismissal.
- Confidentiality does not end even when you stop working for a Recipient or the IHSS program.
- A person may be guilty of committing fraud when he or she, with intent to defraud, presents for payment to any authorized person or officer of Yuba County any false or fraudulent claim.
- All persons suspected of committing fraud will be referred to the California Department of Health Care Services Fraud Investigator. If evidence of fraud is found, a criminal case may be referred to the District Attorney for prosecution. A misdemeanor conviction could result in fines and/or up to one year in the County Jail. A felony conviction could result in fines and/or a State Prison sentence.

**PROVIDER SIGNATURE AND AGREEMENT:**

**I have read, understand and agree to follow the above policies. I further understand that violation of the above policies could result in termination and criminal prosecution.**

**Also, if I receive any type of Public Assistance, I am aware that I must report ALL IHSS earnings. This includes reporting to my CalWORKS, Food Stamps, General Assistance and Medi-Cal worker if applicable.**

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Representative

\_\_\_\_\_  
Date

County of Yuba, State of California  
By Rachel Teronis, Deputy  
17 26816

Date: 01/11/2009

# Budget Justification

## Yuba County's Fraud Funding Plan for FY 2009-10

Budget Section	Total
<b>A. Personnel Costs (includes employee benefits)</b>	\$ 44496
<b>B. Operating Expenses</b>	\$ 17780
<b>C. Equipment Expenses</b>	\$
<b>D. Travel/Per Diem and Training</b>	\$
<b>E. Subcontracts and Consultants</b>	\$
<b>F. Other Costs</b>	\$ 10500
<b>G. Indirect Expenses</b>	\$ 4130
<b>Total Expenses</b>	<b>\$ 76906</b>

<b>A. Personnel Costs (including employee benefits)</b>	<b>Total Budget</b>
<b>Title:</b> Health & Human Services Program Manager (Adults) .05FTE  <b>Salary Calculation:</b> FY Salary for 7 months @ .05FTE (\$3,142)+benefits (\$653)  <b>Duties Description:</b> Oversee tracking and statistics on fraud referrals, overpayments, investigations and fraud activities; meet with IHSS Fraud staff, DHCS Fraud Investigator and District Attorney as necessary; arrange for training on fraud for IHSS staff as available; meet with SW Supervisor and review required reports and fraud prevention plans for accuracy before sending to CDSS	\$ 3795
<b>Title:</b> Social Worker Supervisor (Adults) .10 FTE  <b>Salary Calculation:</b> FY Salary for 6 months @ .10 FTE (\$3,556)+benefits (\$650)  <b>Duties Description:</b> Review and track fraud referrals; maintain statistics on overpayments, investigations and other fraud activities; complete required CDSS reports and plans; back up Fraud Social Worker	\$ 4206
<b>Title:</b> Finance and Administrative Supervisor .05FTE  <b>Salary Calculation:</b> FY Salary for 7 months @ .05 FTE (\$2,196)+benefits (\$750)  <b>Duties Description:</b> Monitors information and data regarding budgetary, financial, and/or fiscal issues.	\$ 2946
<b>Title:</b> Social Worker III (Bilingual) .50FTE  <b>Salary Calculation:</b> FY Salary for 6 months @ .50 FTE (\$14,991)+benefits (\$5,827)  <b>Duties Description:</b> Attend all provider orientations; discuss fraud and consequences of committing fraud; community outreach activities; investigate suspicious activity cases; make referrals to fraud unit of DHCS	\$ 20818
<b>Title:</b> Accounting Assistant II .40FTE  <b>Salary Calculation:</b> FY Salary for 6 months @ .40 FTE (\$35,347)+benefits (\$19,071)  <b>Duties Description:</b> Provide clerical support, computer overpayments and collections activities, maintain statistics on fraud activities	\$ 12731
<b>Title:</b>	\$





<b>Salary Calculation:</b>	
<b>Duties Description:</b>	
<b>Total Personnel Costs:</b>	<b>\$ 44496</b>

<b>B. Operating Expenses</b>	<b>Total Budget</b>
<b>Title: Operating</b>  <b>Description: Rent, utilities, office supplies including portable DVD player for provider orientation video, copies and copier charges, Insurance and allocable support overhead costs (reception, accounts payable, purchasing,etc)</b>	<b>\$ 17180</b>
<b>Title: 800 Hotline</b>  <b>Description: Anti-fraud phone hot line (866-999-9113) 24 hour number and contracted answering service</b>	<b>\$ 600</b>
<b>Title:</b>  <b>Description:</b>	<b>\$</b>
<b>Total Operating Expenses:</b>	<b>\$ 17780</b>

<b>C. Equipment Expenses</b>	<b>Total Budget</b>
<b>Title:</b>  <b>Description:</b>	<b>\$</b>
<b>Title:</b>  <b>Description:</b>	<b>\$</b>
<b>Title:</b>  <b>Description:</b>	<b>\$</b>
<b>Total Equipment Expenses:</b>	<b>\$</b>

<b>D. Travel/Per Diem and Training</b>	<b>Total Budget</b>
<b>Title:</b>  <b>Description:</b>	<b>\$</b>
<b>Title:</b>  <b>Description:</b>	<b>\$</b>



<b>Title:</b>	\$
<b>Description:</b>	
<b>Total Travel/Per Diem and Training:</b>	\$

<b>E. Subcontracts and Consultants</b>	<b>Total Budget</b>
<b>Title:</b>	\$
<b>Description:</b>	
<b>Title:</b>	\$
<b>Description:</b>	
<b>Title:</b>	\$
<b>Description:</b>	
<b>Total Subcontracts and Consultants:</b>	\$

<b>F. Other Costs</b>	<b>Total Budget</b>
<b>Title: Advertising</b>	\$ 10500
<b>Description: Poster displays/bus stop anti-fraud advertising, newspaper advertising, brochures</b>	
<b>Title:</b>	\$
<b>Description:</b>	
<b>Title:</b>	\$
<b>Description:</b>	
<b>Title:</b>	\$
<b>Description:</b>	
<b>Title:</b>	\$
<b>Description:</b>	
<b>Total Other Costs:</b>	\$ 10500

<b>G. Indirect Expenses</b>	<b>Total Budget</b>
<b>Title: A-87</b>	\$ 4130



Description: County charged A-87 costs	
Title: Description:	\$
<b>Total Other Costs:</b>	<b>\$ \$4130</b>

